Division of Health Care Finance and Policy
Claims Update (July 22, 2009)
Special Circumstances Application Coding Requirements

Update: This update provides information relative to the coding of a claim that is required for submission of Confidential (HSN Claim Type = CA) and Medical Hardship (HSN Claim Type = MH) Claims. Providers using the Special Circumstances application will receive an application ID. A key component of the claims processing will require an exact match on Application ID and one of the following identifiers: Applicant name or applicant SSN. Providers should check to ensure the accuracy of information in these fields to help expedite claims processing. Providers can locate an Application ID by viewing their Special Circumstances Application List on INET.

To minimize denials related to claims processing, providers should ensure that applications have been submitted via the Special Circumstances Application. Claims should not be submitted based on the previous Free Care "Desktop" Application; rather, providers should submit a Special Circumstances Application in order for the claims processing "match", as outlined above to occur.

Below are guidelines for providers to follow regarding Medical Hardship and Confidential Application billing specifications. Example <u>assumes that no other insurance is on the account</u> and, **for CA specifically that** the subscriber/patient has requested that the services coming into the HSN system are to remain anonymous to the household. Presented are the loops and segments that apply to this situation; however other loops and segments (as noted in the 837 claim specifications) are required for appropriate billing compliance beyond the structure presented below.

Loop 2000B, SBR01 = P; SBR04 = CA (Confidential) **OR** MH (Medical Hardship); SBR09 = 09 - **Required**

Loop 2300, CLM02 = Total Charges equal all SV2s in Loop 2400 – **Required**

Loop 2300, AMT01 = F5; AMT02 = cumulative Subscriber/Patient payments to the provider *(This AMT reports how much the provider already collected from the Subscriber/Patient* – **situational not optional**)

Loop 2300, REF01 = G1; REF02 = Special Circumstance Authorization to submit claims towards an application.

(837 claims received without these data elements will deny; information is received via application process from Health Safety Net – **required***)*

(For 837P claims ONLY)
Loop 2300, K3 = Present on Admission indicators for Inpatient Claims – **situational not optional**

The Division will notify providers once these edits are ready for testing. Providers will then have a two (2) week period to test the edits and submit feedback to the Division prior to the edits being moved to production.

Providers with questions regarding this update or the Special Care Circumstances Application should contact the Division's Claims Customer Support Center at (866) 697-6080 or at HSNHelpLine@PublicSectorPartners.com